


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

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| DOCUMENT # P96000005693 |  |
| 1. Entity Name CREATIVE PACKAGING RESOURCES, INC. | |

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|---|---|
| Principal Place of Business 148 ST CROIX AVENUE COCOA BEACH, FL 32931 | Mailing Address 148 ST CROIX AVENUE COCOA BEACH, FL 32931 |
|---|---|

DO NOT WRITE IN THIS SPACE



02082008 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-0641707 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

WITNIK, PETER L
148 ST CROIX AVE
COCOA BEACH, FL 32931

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P WITNIK, PETER J 148 ST CROIX AVENUE COCOA BEACH, FL 32931 |
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02/19/08-80014-014 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER J. WITNIK 2/6/2008 321-783-7801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #